

Status: Finalized

## I. Center Identification

Organization Name: SURGICAL CARE CENTER INC

Street Address: 8103 Clearvista Parkway

City: Indianapolis

County:

Administrator Name: Lori Hungate, RN

Administrator Email: lori.hungate@scc-in.com

ASC Web Address:

Fiscal Year: 2016

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	2	
Number of procedure rooms	1	

## III. Utilization Statistics

A. Total Patients and Procedures			
Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period	5709	6071	
B. Ten Most Frequent Surgical Procedures Perfo	ormed		
CPT Code		<b>Total Procedures</b>	
66984		4113	
66821		897	
66711		116	
66982		87	
67904		46	
67924		33	
Presbyopic lens exchange		30	

65855	29
Phakic IOL	27
66761	26

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	1
a surgical encounter.	